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ABSTRACT

Several approaches have been used to teach basic counseling skills to beginning trainees. A cognitive self-instructional modeling approach was employed with a student pre-practicum class. The treatment group (N=9) received 6 hours of training by observing counselor models, formulating their helping responses aloud, practicing the asking of focused questions to themselves, and fading out overt thinking in favor of totally covert cognitive activity. The control students (N=9) received equivalent training time on relevant, but unrelated, materials. Two counseling sessions with coached clients served as the assessment of the developing skills. The first role-play occurred immediately following the six-hour treatment; the second assessment was two weeks later after both treatment and control groups had received additional cognitive self-instructional training. The treatment group performed higher in empathy and was more relevant than the control group in their responses on the immediate post-test. No anxiety differences were found between groups. Results of the second post-test indicated that the additional treatment had brought both groups to an equivalent level of responding. (Author/NRB)

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COGNITIVE SELF-INSTRUCTIONAL MODELING TRAINING IN COUNSELING PREPRACTICUM

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Cognitive Self-Instructional Training in Counseling Prepracticum

A number of approaches have been used to teach basic counseling skills to beginning trainees. Carkhuff (1969), Ivey (1971), Kagan and Krathwohl (1967) and Egan (1975) have proposed models which define the target behaviors desired as a result of training. They have also described the various elements in teaching both single and complex counseling skills including instruction, modeling, practice and feedback. A persistent problem which interferes with trainee skill development is the ability of the trainee to deal with his/her anxiety upon entering the role of the helper (Bandura, 1956; Kagan, 1980).

Client exploration, understanding and change are influenced by counselor responses to the type and intensity of problems presented, and also by the manipulations and resistance of clients who are frequently ambivalent toward changing their behavior. Expressions of hostility, dependence, attraction or self-destructive ideation are examples of client behaviors that can easily generate anxiety in beginning counselors who feel inadequate to respond appropriately. Counselors who are able to control or use their own anxiety to approach those

"critical incidents" are better able to maintain productive counseling relationships (Kell & Mueller, 1966). Efforts to reduce trainee anxiety through systematic desensitization have met with mixed results (Monke, 1971; Fry, 1973; Carter & Pappas, 1975; Bowman, 1978). A continuing need in counselor training programs is to find ways of teaching trainees to handle their own anxiety while learning to respond to their clients' concerns. This is an important therapeutic skill that would generalize to a wide variety of counseling situations.

Some treatment approaches have attempted to relieve anxiety and teach coping behaviors by directly modifying client cognitions. Ellis's (1962) rational-emotive therapy is aimed at changing the faulty beliefs held by the client. Beck (1976) has developed a treatment method designed to modify the client's cognitive style used in appraising personal experience. Meichenbaum (1977) has approached client problems through a self-instructional method which teaches clients to structure their thinking to encourage approach and control of their behavior. This is, essentially, a controlling of behavior by structuring cognitions. Derived from the basic idea of cognitive therapies, Meichenbaum's method asserts that one's internal dialogue has a major influence on one's behavior. Cognitive self-instructional modeling training is

essentially a structured way of teaching trainees how to talk to themselves. For example, in a counseling situation clients may express agner at their counselors. The counselors' self-talk would affect how they respond to such attacks. If these counselors are novices, they may feel anxious or threatened. Their thinking may include thoughts such as: "I must be doing everything wrong if my client is so angry," or "I hope my supervisor doesn't hear this." Their responses to such "anxious" self-talk could range from placating the client to outright defensiveness. On the other hand, if these trainees could instruct themselves to acknowledge the presence of anxiety and continue to focus on their clients' concerns, they would be able to respond in a facilitative way.

Ochiltree, Yager & Brekke (1975) successfully taught subjects more appropriate empathy responses to stimulus videotapes through the cognitive self-instructional modeling approach. In a partial replication of the Ochiltree et al. investigation, Beck (1980) employed a cognitive self-instructional approach to training counselors and found that those given the treatment responded with more relevant responses than the control group during an interview with a coached client. The cognitive self-instructional method in both of these studies consisted of the teaching and practicing (both overtly and covertly) of a series of six questions that trainees asked themselves in the process of formulating empathy responses in role played interactions.

In both of these studies, informal student feedback indicated that the cognitive training had reduced the level of anxiety experienced by the counselor trainee. The present investigation, therefore, was designed to assess the effectiveness of teaching basic counseling skills through the cognitive self-instructional method and also to determine the impact of this method on the anxiety experienced by trainees in a simulated counseling interview.

Method

Subjects

The subjects included 18 students from a pre-practicum counseling class. They were randomly divided into treatment and control groups with the former receiving the initial six hours of training. All 18 subjects received an additional ten hours of cognitive self-instructional training. Inadvertently, three subjects were not recorded during an initial audiotaping. These subjects were included in the later analysis by calculating predicted scores through a multiple regression technique.

Instrumentation

Four response measures were used in rating the trainees' responses during the videotaped interviews: a modified Carkhuff Empathy Scale (Carkhuff, 1969), the Response Relevance Scale (Beck, 1980), a 10-item anxiety scale, and a 4-item counselor competence scale. The anxiety scale was used by the trainees

to rate their own anxiety state after each of two interviews. At the end of the second interview, the coached clients also rated the trainees on an identical anxiety scale and on the counselor competence scale. Both of these measures employed a Likert 4 point scale for each item. The items of the anxiety scale included: uneasy, comfortable, tense, adequate, jittery, nervous, fearful, confident, caring and secure. The four items included in the counselor competence scale were empathic, warm, genuine and understanding.

The modification of the Carkhuff Scale involved deducting .5 from the rating of each trainee response for (a) phrasing any response in the form of a question, (b) ignoring content, (c) referring imprecisely to content such as "it" or "that," (d) responding in more than two sentences except in a summarization, and (e) giving advice. Deducting points for a particular response tends to make the scale more restrictive, and the resulting scores fall about a point below what is commonly reported for empathy training. These deductions were also emphasized in the training sessions so as to encourage students to make assertive and concise responses rather than tentative and lengthy ones.

Two raters independently rated the audiotapes developed in the study using the revised Carkhuff Empathy Scale. The Inter-rater reliability coefficient was .60 for the first set of tapes

and .75 for the second audiotapes.

The Response Relevance Scale (RRS) was used in addition to the empathy scale in order to include a variety of potentially relevant responses typical of a productive counseling interview (e.g., probes, content reflections, interpretations, self-disclosure and confrontations). Many questions and statements can be relevant in a counseling session but not highly rated on an empathy scale. The RRS allows a rater to discriminate among a variety of responses and credit those which are relevant (and facilitative) whether or not they include a feeling. The scale classifies responses according to three variables; relevance/non-relevance, statement/question, and feeling/no-feeling. A relevant response is defined as any statement or question which indicates an understanding of the client's concern, reflects an effort to stimulate client exploration or understanding, or requests information related to the client's concern. Relevance is considered the most important element of a response and is assigned a score of 5. Non-relevant responses are scored 0. Statements are weighted more heavily than questions since counselors must take a stand and risk communciating their understanding of their clients. Statements are thus given a score of 1. Questions, though they may be relevant and appropriate, are given a score of 0. Expressing understanding of a client's feelings is seen as an important part of a counselor's response

although of somewhat less importance than relevance. Feelings are assigned one of three scores: (a) a score of 3 is assigned to a response that includes an emotional word to label the client's feelings; (b) responses that include an implied feeling without one actually stated are scored 1, indicating less understanding of the client; and (c) a statement or question that does not include a labeled or implied feeling is scored 0. Thus each counselor response receives three subscores: "relevance," "statement" and "feeling." The overall score for the individual counselor response is the sum of the three subscores. The counselor's overall RRS score is determined by calculating the mean rating across all responses. Appendix A contains examples of individual responses at a variety of levels on the RRS.

Two raters independently rated subject audiotapes on the Response Relevance Scale. The interrater reliability coefficients were .77 for the first set of audiotapes and .73 on the second tapes.

Procedures

The cognitive self-instructional modeling training method was designed to structure the trainees' internal dialogue so that they would simultaneously respond to their clients' expressed concerns and reduce their internal anxiety cues. Although Meichenbaum (1977) had developed cognitive self-instructional methods to aid clients in making desired changes, the model fits well in a counselor training context. The deliberate production

of cognitions should have two effects: (a) stimulation of ideas that will aid in the selection of an appropriate response, and (b) the focus on cognitions related to the client will reduce somewhat the number of self-deprecatory responses that would have led to anxiety and discomfort.

The specific self-instructional approach used in the training consisted of teaching trainees to ask themselves six questions during the pause between the completion of a client's expression and their own response. The six questions are as follows:

1. What can I pat myself on the back for? (What have I said that was helpful? What have I learned about my client?)

2. What has the client expressed verbally about thoughts and feelings?

3. What has the client expressed non-verbally about feelings?

4. How do I feel right now?

5. How would I feel if I were the client? (How would I feel if I were that person with that person's background, experiences, and life history?)

6. What will my response be? (Practice the response covertly.)

The first question preceeds the counselor's cognitive exercise of asking the remaining questions. It provides an element of self-reinforcement for trainees as they gather evidence for

the success of the cognitive self-instructional method, and it is used regardless of the client's response since the trainee is continually learning valuable information about the client. This self-reinforcement element has also been indicated as creating a calming effect upon the counselor trainee.

In the initial phase of the study, the treatment group was given six hours of training in two-hour blocks over a period of three days. Each two-hour block was divided into an instruction period, a role-play demonstration of the cognitive self-instructional method, a period of practice with feedback, and a brief discussion of the training exercise. The control group met for three two-hour meetings viewing and discussing video-taped vignettes of aspects of the counseling process.

After completion of the six hour treatment, both groups participated in a ten minute audio-taped interview with a coached client. Three female doctoral students acted as clients and followed a flexibly outlined "script" designed to elicit trainees' anxiety and to give trainees an opportunity to apply their learning. The script directed the coached clients to portray a depressed and overwhelmed woman who had recently been beaten by her husband. In addition, the coached clients were instructed to develop their feelings, as appropriate, of fear for themselves and their children. Depending upon the course of the session, the client could choose to reveal her fears that she was a child abuser herself. The subjects were simply told

that they were to have a first interview with a client, and, at the end of the interview, they were asked to fill out a self-rating anxiety scale.

The second phase of the study consisted of ten hours of additional training in cognitive self-instruction for both groups. At the end of the three week course a second ten minute audio-taped interview was conducted. Instructions for the second interview were identical to the first and the subjects were again asked to complete the self-rating of anxiety. The second interview was also designed to elicit anxiety in the trainees. Three male doctoral students were instructed to follow a flexibly designed "script" portraying a man who was experiencing difficulty carrying out his work responsibilities. The client was angry at his co-workers, and his anger generalized to the counseling situation. The role players were asked to express their hostility toward counseling without being overly resistent. After the second interview, in addition to the trainees self-rating of anxiety, the coached clients rated the trainees on the same anxiety scale and also on a four-item counselor competency scale. For both interviews the groups were rated on the Carkhuff Empathy Scale and the Response Relevance Scale.

Hypotheses

It was hypothesized that there would be initial treatment differences between the groups after the first interview on the

CES, RRS and the self-rating of anxiety. It was also hypothesized that these differences would be eliminated after the second interview since both groups would have received the cognitive self-instructional training. No differences were expected on the "client's" rating of trainee anxiety or trainee competence since both groups would have experienced the training by the time of the second interview.

Results

Table 1 contains the means and standard deviations for all measures in both the post test and the follow-up test. As the previously stated hypotheses indicated, differences in dependent measures were expected on the post test. Table 2 is a summary of the multivariate analysis of variance on the post test measures.

Insert Tables 1 and 2 about here

There was a significant multivariate effect, and significant differences were found between the cognitive self-instructional treatment group and the control group in both empathy and response relevance. The treatment group displayed higher level empathy and more relevant responses. Contrary to predictions, however, there were no significant differences between the groups in the subjects' reported anxiety.

The data compiled from the follow-up testing is summarized in the analysis reported in Table 3. As had been hypothesized, no difference between the treatment and control was found in the multivariate test. The only univariate difference significant beyond the .05 level was the self-reported anxiety. This difference may well be an artifact of repeated testing which inflates the possibility of significant findings due to chance alone.

Insert Table 3 about here

The data presented here indicates that training in cognitive self-instruction is an effective method of teaching basis responding skills to beginning counselor trainees. The demonstrated increase in empathy scores for the cognitive self-instructional group on the post test may be somewhat difficult to interpret since they do not reach the minimally facilitative level (i.e., 3.0) as described by Carkhuff (1969). However, the modifications in scoring on the empathy scale provide a more stringent rating of empathy responses and encourage greater clarity and conciseness in trainee statements. Post test differences on the RRS indicate that the self-instructional method is also helpful in teaching trainees to maintain their focus on the client without necessarily limiting their responses to empathy statements.

The word "necessarily" is stressed in the previous sentence because the RRS has been found to be highly related to the revised Carkhuff empathy scale. In this study, the correlations between these two scales were .81 on the post test and .86 on the follow-up. (As a side comment, the high correlations between the empathy scale and the RRS is one of the arguments for use of the RRS which is much easier to score and tends to lead to higher interrater reliabilities.)

On the post test, the control group subjects tended to wander from the client's concerns to ask a series of questions, some related and some unrelated. Client affect tended to be avoided. Evidence for both of these statements is found in the fact that the control group averaged below a minimally relevant response level of 5.0 on the RRS.

It was expected that trainees in the treatment group would have felt better prepared and less anxious than the control subjects. Since no difference was found between the groups on the anxiety scale on the post test ratings, the possible reasons for this finding must be examined. It may be that the cognitive self-instructional approach is not an effective anxiety reduction technique although this is contrary to both previous findings (Meichenbaum 1977) and to informal student reports on reacting to this teaching method. It is also possible that the trainees did not find the interview situation anxiety provoking.

This too does not fit with other studies demonstrating anxiety in counselor trainees (Bowman & Roberts 1978; Mooney & Carlson 1976). The finding of non-significance in the anxiety ratings between the groups may originate in the methodology employed in the study. There may have been some initial differences in the interview experience of the groups, or more likely, the instrument used to assess anxiety may not have been sensitive enough to measure the differences that exist in a very small sample of subjects. Future research may benefit from a more reliable anxiety measure and a larger sample size.

It is not clear from this study what constitutes the optimal amount of cognitive self-instructional training in basic responding skills. It is clear, however, that such instruction will increase rated skills within six to ten hours. Further research on the components of the cognitive self-instructional approach is necessary. For example, are instruction, modeling, practice and feedback all necessary? Finally, additional research is needed to determine whether a similar method would be helpful in teaching more advanced verbal skills and counseling techniques.

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Table 1

Means and Standard Deviations for Treatment and Control Group on all Measures

		Treatment M	Combined SD	Control M
Empathy	Post Test	1.74	.24	1.34
	Follow-up	1.96	.51	2.11
Response Relevance Scale	Post Test	6.78	1.17	4.80
	Follow-up	7.06	1.48	7.38
Self-rated Anxiety	Post Test	25.78	3.30	23.44
	Follow-up	21.89	2.76	18.89
Coached Client Rating of Counselor Anxiety	Post Test	-	-	-
	Follow-up	14.33	3.85	14.22
Coached Client Rating of Counselor Competence	Post Test	-	-	-
	Follow-up	17.78	2.78	17.33

Table 2

Multivariate and Univariate Analyses on Post Test Scores (Empathy, Response Relevance, and Anxiety Self-Report)

Multivariate Test

Multivariate $F = 4.06$; $d.f. = 3,14$; $p < .03$

Univariate Tests

Dependent Variable	Mean Square	MS Error	F	P Less Than
Empathy	.72	.06	11.98	.003
Response Relevance	17.48	1.38	12.70	.002
Anxiety Self-Report	24.50	10.86	2.26	.152

Degrees of freedom for hypothesis = 1
Degrees of freedom for error = 16

Table 3

Univariate Analyses on Follow-up Scores (Empathy, Response Relevance, Anxiety Self Report, Anxiety by Client, Client Rating of Competence)

Dependent Variable	Mean Square	MS Error	F	p less than
Empathy	.10	.26	.223	.64
Response Relevance	.49	2.18	.547	.55
Anxiety Self-Report	40.50	7.61	5.321	.03
Anxiety Rated by Client	.06	14.85	.003	.72
Competence Rated by Client	.89	7.22	.115	.16

Degrees of freedom for hypothesis = 1

Degrees of freedom for error = 16

Appendix A

Example Ratings for the Response Relevance Scale

There are twelve possible combinations of three response elements (relevance, statement, and feeling). The following list includes an example of each possible response score. When a response does not include one of the response elements a (/) will appear through the letter representing that variable.

Example:

Client statement: "My husband left me and I've been feeling really down ever since. I can't even get my work done anymore."

Response Category	Score	Example of Counselor Response
R S F3	9	"You're feeling sad because your husband is gone."
R S F1	7	"Things aren't going so well since he left you."
R S F3		"How depressed are you feeling right now?"
R S F1	6	"How long have you been feeling this way?"
R S F	6	"You haven't been able to deal with this very well."
R S F	5	"How long have you been this way?
R S F3	4	"You might be feeling relieved that he's gone."
R S F1	2	"You can't expect to be in a good mood when something like this happens.:
R S F3	3	"Were you feeling depressed before this happened?"
R S F1	1	"How were you feeling before he left?"
R S F	1	"You're not able to keep up with things now."
R S F	0	"What day did he leave?"

The mean Response Relevance score is obtained by dividing the total score by the number of responses made by the counselor.